

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 7									
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-12-D-0043			2. DELIVERY ORDER/ CALL NO. 0001		3. DATE OF ORDER/ CALL (YYYYMMDD) 2012 Jun 07		4. REQ. / PURCH. REQUEST NO. 1300267454		5. PRIORITY										
6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC JUSTIN VALERON CODE 22550 JUSTIN.VALERON@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5001			CODE N66001		7. ADMINISTERED BY (if other than 6) DCMA SYRACUSE 615 ERIE BLVD., WEST SUITE 300 SYRACUSE NY 13204-2408			CODE S3306A		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)									
9. CONTRACTOR HARRIS CORPORATION DUNS: 002204600 1680 UNIVERSITY AVE ROCHESTER NY 14610-1839			CODE 14304		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED										
							12. DISCOUNT TERMS		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15										
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATIONS P.O. BOX 182266 COLUMBUS OH 43218-2266			CODE HQ0337		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;">16. TYPE OF ORDER</td> <td style="width: 10%; text-align: center;">DELIVERY/ CALL</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</td> </tr> <tr> <td style="text-align: center;">PURCHASE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Reference your quote dated Furnish the following on terms specified herein REF:</td> </tr> </table>												16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.	PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein REF:	
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	PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein REF:																
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">NAME OF CONTRACTOR</td> <td style="width: 33%;">SIGNATURE</td> <td style="width: 33%;">TYPED NAME AND TITLE</td> <td style="width: 1%;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 2px;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> </tr> </table>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			
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17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule																			
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT									
		SEE SCHEDULE																	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA TEL: 619-553-7515 EMAIL: patrick.j.donnelly@navy.mil BY: Patrick Donnelly			(b)(6)		25. TOTAL \$998,262.00									
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED					26. DIFFERENCES														
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE												
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS										
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR										
36. I certify this account is correct and proper for payment.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER												
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			35. BILL OF LADING NO.														
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.									

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001					(b)(4)

CPFF

Software In-Service Support for Soldier Radio Waveform (SRW)

Technical Support in accordance with Statement of Work (Attachment 1)

This is a Level of Effort Type Task Order

The total estimated cost plus fixed fee is based upon a total of (b)(4) labor hours
(including subcontractor hours).

FOB: Destination

PURCHASE REQUEST NUMBER: 1300267454

ESTIMATED COST

(b)(4)

FIXED FEE

(b)(4)

TOTAL EST COST + FEE

(b)(4)

000101 Funding Information

ACRN AA

(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003					(b)(4)

Other Direct Costs
COST

PURCHASE REQUEST NUMBER: 1300267454

ESTIMATED COST

(b)(4)

000301 Funding Information

ACRN AA

(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004	DD Form 1423, Contract Data				(b)(4)
	Contract Data in accordance with DD Form 1423 (Exhibit A)				

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government
000101	N/A	N/A	N/A	N/A
0003	Destination	Government	Destination	Government
000301	N/A	N/A	N/A	N/A
0004	Destination	Government	Destination	Government

Section F - Deliveries or Performance

DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 07-JUN-2012 TO 06-JUN-2013	N/A	JPEO JTRS - NED MAJ WILLIAM BRICKNER 33000 NIXIE WAY BUILDING 50, 3RD FLR SAN DIEGO CA 92147 619-524-5938 FOB: Destination	N00039
000101	N/A	N/A	N/A	N/A
0003	POP 07-JUN-2012 TO 06-JUN-2013	N/A	N/A FOB: Destination	N/A
000301	N/A	N/A	N/A	N/A
0004	IAW CDRL	IAW CDRL	IAW CDRL	IAW CDRL

Section G - Contract Administration Data

CLAUSES INCORPORATED BY FULL TEXT

252.204-0001 LINE ITEM SPECIFIC: SINGLE FUNDING. (SEP 2009)

The payment office shall make payment using the ACRN funding of the line item being billed.

(End of clause)

ACCOUNTING AND APPROPRIATION DATA

AA: 1721804 5T6M 252 00039 0 050120 2D 000000

COST CODE: A00001177251

AMOUNT: \$998,282.00

CIN 130026745400001: (b)(4)

CIN 130026745400002: (b)(4)

Section J - List of Documents, Exhibits and Other Attachments

Attachment / Exhibit	Description	Pages	Date
Attachment 1	SOW	14	25 MAY 2012
Exhibit A	CDRL	8	23 APR 2012